

GAO

Health, Education, and Human
Services Division Reports

December 1994

**Health
Education
Employment
Social Security
Welfare
Veterans**

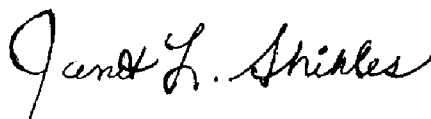
Preface

The General Accounting Office (GAO), an arm of the Congress, was established to independently audit government agencies. GAO's Health, Education, and Human Services (HEHS) Division reviews the government's health, education, employment, social security, welfare, and veterans programs administered in the Departments of Health and Human Services, Labor, Education, Veterans Affairs, and some other agencies.

This booklet lists the GAO products issued on these programs. It is divided into two major sections:

- **Most Recent GAO Products:** This section identifies reports and testimonies issued during the past 2 months and provides summaries for selected key products.
- **Comprehensive 2-Year Listings:** This section lists all products published in the last 2 years, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

You may obtain single copies of the products free of charge, by telephoning your request to (202) 512-6000 or faxing it to (301) 258-4066. Additional ordering details, as well as instructions for getting on our mailing list, appear at the end of this booklet.



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Assistant Comptroller General

Contents

Preface		3
Most Recent GAO Products (October - November 1994)		6
	Health	6
	Education	8
	Employment	9
	Social Security, Disability, and Welfare	9
	Veterans Affairs and Military Health	10
Health (Comprehensive 2-Year Listing)		12
	Access and Infrastructure	12
	Employee and Retiree Health Benefits	12
	Financing	13
	Health Care Reform Related Issues	14
	HHS Public Health Service Agencies	16
	Long-Term Care	16
	Malpractice	18
	Managed Care	18
	Medicare and Medicaid	18
	Prescription Drugs	22
	Provider Issues	23
	Public Health and Education	24
	Quality and Practice Standards	24
	Substance Abuse and Drug Treatment	25
	Other Health Issues	26
Education (Comprehensive 2-Year Listing)		28
	Department of Education	28
	Early Childhood Development	28
	Elementary and Secondary Education	28
	Higher Education	31
	School-To-Work Transition	32
Employment (Comprehensive 2-Year Listing)		34
	Equal Employment Opportunities	34
	Labor and Management Relations	35
	Training and Employment Assistance	35
	Workplace Quality	37
	Other Employment Issues	38

Contents

Social Security, Disability, and Welfare (Comprehensive 2-Year Listing)	Aging	39
	Children's Issues	39
	Pensions	41
	Social Security and Disability	43
	Welfare	45
	Other Products Related to Social Security, Disability, and Welfare	46
<hr/>		
Veterans Affairs and Military Health (Comprehensive 2-Year Listing)	Military Health Care	48
	Veterans' Health Care	49
	Veterans' Benefits	52
<hr/>		
Major Contributors		54
<hr/>		
Order Form		56
<hr/>		
Mailing List Request Form		58

Abbreviations

AIDS	acquired immunodeficiency syndrome
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
	Congressional Research Service, Library of Congress
CRS	
DEA	Drug Enforcement Agency
DC	District of Columbia
DOD	Department of Defense
DOE	Department of Energy
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration
GAO	General Accounting Office
HEAF	Higher Education Assistance Foundation, Department of Education

Contents

HEHS	Health, Education, and Human Services Division, GAO
HCFA	Health Care Financing Administration
HealthPASS	Philadelphia Accessible Services System
HHS	Department of Health and Human Services
HMO	health maintenance organization
HRD	Human Resources Division, U.S. General Accounting Office
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAGB	National Assessment Governing Board, Department of Education
OBRA	Omnibus Budget Reconciliation Act of 1990
PBGC	Pension Benefit Guarantee Corporation
PFLA	Pension Funding Improvement Act of 1993
PPA	Pension Protection Act
PATH	Projects for Assistance in Transition from Homelessness
SBA	Small Business Administration
SEA	state education agency
SSA	Social Security Administration
SSI	Supplemental Security Income
UMWA	United Mine Workers of America Combined Benefit Fund
VA	Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (October - November 1994)

Health

Selected Summaries

Long-Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages (Report, 11/7/94, GAO/HEHS-95-26).

The long-term care population includes more than 12 million people who say they need assistance with everyday activities as a result of chronic conditions such as heart disease, mental retardation, or Alzheimer's disease. Over 7 million are elderly; 5 million are working-age adults; and about half a million are children under age 18. The long-term care needs of this population vary considerably, from around-the-clock nursing care to occasional assistance with household chores, such as cooking and house cleaning. The aging of the large baby-boom generation means that long-term care need will increase well into the next century, as much as doubling among the elderly population in the next 25 years. Less is known about the future long-term care needs of the nonelderly. Projections of this population are difficult, but researchers believe that it is likely to increase.

Medical Education: Curriculum and Financing Strategies Need to Encourage Primary Care Training (Report, 10/21/94, GAO/HEHS-95-9).

Choice of career paths in medicine is associated with the characteristics of students admitted to medical schools and with the curriculum and training opportunities they receive during their medical education. We found that some features of medical schools were associated with an increased likelihood that students would go into primary care. Foremost among these was whether the medical school had a family practice department—students who attended schools with family practice departments were more likely to pursue primary care than students who attended schools without such departments. The way residency training is financed contributes to a specialist orientation for the clinical education of medical students.

Medicare: Referrals to Physician-Owned Imaging Facilities Warrant HCFA's Scrutiny (Report, 10/20/94, GAO/HEHS-95-2).

Florida physicians with a financial interest in joint-venture imaging centers had higher referral rates for almost all types of imaging services than other Florida physicians. Florida physicians with imaging facilities in their offices, group practices, or other practice settings also had high imaging

rates compared with those of other physicians. The Department of Health and Human Services (HHS) has not yet finalized the regulations or procedures needed to implement and enforce the OBRA 1993 self-referral restrictions as they apply to physicians with a financial interest in joint ventures.

Family Planning Clinics: Strain of Norplant's High Up-Front Costs Has Subsided (Report, 10/7/94, GAO/HEHS-95-7).

When Norplant was first introduced in the United States in 1990, its high up-front cost made it difficult for Title X clinics to provide Norplant to all clients requesting it. To help meet the initial demand for the implant, HHS, the states, and Title X grantees took action soon after Norplant's introduction to lessen Norplant's budgetary burden on family planning clinics. HHS allowed the clinics to limit Norplant services based on budget constraints, and permitted Title X grantees to concentrate Norplant services in magnet or hub locations into which clinics could channel patients. The subsequent decline in demand for Norplant appears to be due to the fact that it lasts 5 years and is reported to have adverse side effects. Further, women have turned to another more recently introduced injectable contraceptive that does not involve surgery.

Health Care: Employers Urge Hospitals to Battle Costs Using Performance Data Systems (Report, 10/3/94, GAO/HEHS-95-1).

In the communities GAO reviewed, the introduction of severity-adjusted performance measurement systems has given hospitals an impetus to initiate efficiency improvements. Employer coalitions in Cincinnati, Cleveland, and Orlando have made severity-adjusted performance measurement systems an important element of their communities' cost containment strategies. In the communities GAO examined, hospitals generally regard the systems as one of several useful internal tools for identifying efficiency problems. Hospitals, physicians, and experts in the field of outcomes research caution employers that the results of these systems should not be the sole guide for health care purchasing decisions.

Other Health Products

Breast Conservation versus Mastectomy: Patient Survival in Day-to-Day Practice and in Randomized Studies (Report, 11/15/94, GAO/PEMD-95-9).

Education

Selected Summaries

Early Childhood Programs: Multiple Programs and Overlapping Target Groups (Report, 10/31/94, GAO/HEHS-95-4FS).

GAO found that in federal fiscal years 1992 and 1993, the federal government funded over 90 early childhood programs in 11 federal agencies and 20 offices. Of these programs, we identified 34 as key programs. These key programs provided services to at least 2 million children below age 5 and spent at least \$3.66 billion in federal fiscal year 1992. However, data are limited on the exact number of children served and the dollars spent on children below age 5. Although these programs have some similarities, they may target different populations, use different eligibility criteria, and provide a different mix of services to children and their families.

Education Finance: Extent of Federal Funding in State Education Agencies (Report, 10/14/94, GAO/HEHS-95-3).

In fiscal year 1993, although the federal government only provided about 7 percent of elementary and secondary school funding, states relied on federal support for 41 percent of the funding and 41 percent of the staff for their state education agencies (SEAS). However, the situation is complex and comparisons among SEAS based solely on their total federal share of funding and staff can be misleading. Using the core of 10 federal programs common to nearly all SEAS, the extent of funding retained for state-level operations—primarily oversight, technical assistance and training related to specific federal programs—was 29 percent. Overall, states reserved a greater share of federal than state funds for state-level operations—by a ratio of 4 to 1. This difference may be due, state officials report, to the administrative and regulatory requirements imposed by federal programs.

Other Education Products

College Savings Issues (Report, 11/4/94, GAO/HEHS-95-16R).

Motor Carrier Academy (Letter, 11/2/94, GAO/RCED-95-43R).

Employment

Employment Products

U.S. Postal Service: The State of Labor-Management Relations (Testimony, 11/30/94, GAO/T-GGD-95-46).

Social Security, Disability, and Welfare

Selected Summaries

Illegal Aliens: Assessing Estimates of Financial Burden on California (Report, 11/28/94, GAO/HEHS-95-22).

Developing credible estimates of the costs and revenues for illegal aliens in California is difficult because limited data are available on this population's size, use of public services, and tax payments. This difficulty is compounded by the lack of consensus among researchers on the appropriate methodologies, assumptions, and data sources to use in estimating costs and revenues associated with illegal aliens. Our adjusted fiscal year 1994-95 estimate of the state and local impact of illegal aliens in California was \$2.35 billion for elementary and secondary education, Medicaid benefits, and adult incarceration. Assessing tax revenue from illegal aliens was more difficult. Estimates of state and local revenues from illegal aliens ranged from \$500 million to \$1.4 billion.

Private Pensions: Funding Rule Change Needed to Reduce PBGC's Multibillion Dollar Exposure (Report, 10/5/94, GAO/HEHS-95-5).

The current funding rules for underfunded plans are not working well. Despite the intent of the Pension Protection Act (PPA) in 1987 that funding in underfunded plans be improved, in 1990 sponsors of most underfunded plans in our sample made no additional contributions to reduce underfunding. The proposed Pension Funding Improvement Act of 1993 (PFIA) would actually reduce the percentage of sponsors making increased contributions to their underfunded plans. The administration's proposed Retirement Protection Act of 1993 (RPA) would increase the percentage of underfunded plan sponsors making additional contributions to about 50 percent. Under both bills, most affected sponsors would make

substantially larger contributions. However, we believe additional changes are necessary to improve funding in most underfunded plans.

Other Social Security,
Disability, and Welfare
Products

Financial Audit: House Child Care Center—Fiscal Years Ended 9-30-93,
9-30-92, and Month Ended 9-30-91 (Report, 10/14/94, GAO/AIMD-95-2).

Veterans Affairs and
Military Health

Selected Summaries

VA Health Care: Purchases of Safer Devices Should Be Based on Risk of
Injury (Report, 11/17/94, GAO/HEHS-95-12).

VA medical centers are individually responsible for acquiring medical devices they need to perform their work, including safer needle and sharps devices. While some medical centers are acquiring safer devices, insufficient data are available within these centers to demonstrate (1) the extent to which safer devices are needed and (2) whether the devices will reduce the number of percutaneous injuries. In fiscal year 1993, VA's 130 acute care medical centers reported 4,791 needle injuries, about a 19-percent decrease from 5,933 in fiscal year 1992. VA officials do not know to what extent this decrease can be attributed to better use of universal precautions, safer devices, or underreporting of needle injuries. VA health care workers are at risk of incurring life-threatening diseases from a percutaneous injury involving HIV- or hepatitis-infected blood from patients in VA medical centers.

VA/DOD Health Care: More Guidance Needed to Implement CHAMPUS-Funded
Sharing Agreements (Report, 10/28/94, GAO/HEHS-95-15).

In February 1994, after nearly 3 years of negotiation, the Department of Veterans Affairs (VA) and the Department of Defense (DOD) agreed on a framework for VA to treat Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)-eligible beneficiaries and receive reimbursement from CHAMPUS funds. The first sharing agreement using CHAMPUS funds to buy VA services in noncatchment areas was signed by DOD and the Asheville, North Carolina, Veterans Affairs Medical Center (VAMC) officials. Although the Asheville VAMC began treating CHAMPUS patients in February 1994, neither DOD nor VA has conducted a systemwide search to

identify other opportunities for sharing agreements. Within catchment areas, we found that DOD hospital commanders have not used CHAMPUS funds for sharing agreements between their hospitals and VA hospitals and, consequently, potential sharing opportunities have been missed.

Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans
(Report, 10/24/94, GAO/HEHS-95-13).

Medicare-eligible veterans make substantial use of VA services not extensively covered under Medicare. Our analysis suggests that many Medicare-eligible veterans turn to VA specifically to obtain several of these services, particularly prescription drugs, inpatient psychiatric care, and long-term nursing care. Changes in Medicare or veterans health benefits made as a result of health care reform could significantly affect future demand for VA health care services.

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

Health Care: Federal and State Antitrust Actions Concerning the Health Care Industry (Report, 8/5/94, GAO/HEHS-94-220).

Health Professions Education: Role of Title VII/VIII Programs in Improving Access to Care Is Unclear (Report, 7/8/94, GAO/HEHS-94-164).

Health Reform: Purchasing Cooperatives Have an Increasing Role in Providing Access to Insurance (Testimony, 6/30/94, GAO/T-HEHS-94-196).
Report on same topic (5/31/94, GAO/HEHS-94-142).

Primary Care Physicians: Managing Supply in Canada, Germany, Sweden, and the United Kingdom (Report, 5/18/94, GAO/HEHS-94-111).

Health Care Access: Innovative Programs Using Nonphysicians (Report, 8/27/93, GAO/HRD-93-128).

Nonprofit Hospitals: For-Profit Ventures Pose Access and Capacity Problems (Report, 7/22/93, GAO/HRD-93-124).

Organ Transplants: Increased Effort Needed to Boost Supply and Ensure Equitable Distribution of Organs (Report, 4/22/93, GAO/HRD-93-56). Testimony on same topic (4/22/93, GAO/T-HRD-93-17).

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, 4/9/93, GAO/HRD-93-48).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Emergency Departments: Unevenly Affected by Growth and Change in Patient Use (Report, 1/4/93, GAO/HRD-93-4).

District of Columbia: Barriers to Medicaid Enrollment Contribute to Hospital Uncompensated Care (Report, 12/29/92, GAO/HRD-93-28).

Employee and Retiree Health Benefits

Early Retiree Health: Health Security Act Would Shift Billions in Costs to Federal Government (Report, 7/21/94, GAO/HEHS-94-203FS).

Retiree Health Plans: Health Benefits Not Secure Under Employer-Based System (Report, 7/9/93, GAO/HRD-93-125).

Family and Medical Leave Cost Estimate (Letter, 2/1/93, GAO/HRD-93-14R).

Federal Health Benefits Program: Analysis of Contingency and Special Reserves (Report, 12/4/92, GAO/GGD-93-26).

Financing

Health Care: Employers Urge Hospitals to Battle Costs Using Performance Data Systems (Report, 10/3/94, GAO/HEHS-95-1).

Hospital Compensation: Nationally Representative Data on Chief Executives' Compensation (Report, 8/16/94, GAO/HEHS-94-189).

Health Insurance For The Elderly: Owning Duplicate Policies Is Costly and Unnecessary (Report, 8/3/94, GAO/HEHS-94-185).

Indian Health Service: Efforts to Recruit Health Care Professionals (Report, 7/7/94, GAO/HEHS-94-180FS).

Health Care: Antitrust Enforcement Under Maryland Hospital All-Payer System (Report, 4/27/94, GAO/HEHS-94-81).

Blue Cross and Blue Shield: Experiences of Weak Plans Underscore the Role of Effective State Oversight (Report, 4/13/94, GAO/HEHS-94-71).

Medigap Loss Ratios, First 2 Years (Letter, 4/4/94, GAO/HEHS-94-131R).

Medical Review Saving (Letter, 2/28/94, GAO/HEHS-94-93R).

Medigap Insurance: Insurers' Compliance With Federal Minimum Loss Ratio Standards, 1988-91 (Report, 2/7/94, GAO/HEHS-94-47).

Health Insurance Regulation: Wide Variation in States' Authority, Oversight, and Resources (Report, 12/27/93, GAO/HRD-94-26). Testimony on same topic (11/5/93, GAO/T-HRD-94-55).

Hospitals: Chief Executives' Compensation (Testimony, 12/7/93, GAO/T-HRD-94-70).

Health Insurance: California Public Employees' Alliance Has Reduced Recent Premium Growth (Report, 11/22/93, GAO/HRD-94-40).

1993 German Health Reforms: Initiatives Tighten Cost Controls (Testimony, 10/13/93, GAO/T-HRD-94-2). Report on same topic (7/7/93, GAO/HRD-93-103).

1993 German Health Reforms: New Cost Control Initiatives (Report, 7/7/93, GAO/HRD-93-103). Testimony on same topic (10/13/93, GAO/T-HRD-94-2).

Health Insurance: Remedies Needed to Reduce Losses From Fraud and Abuse (Testimony, 3/8/93, GAO/T-HRD-93-8).

Health Insurance: Legal and Resource Constraints Complicate Efforts to Curb Fraud and Abuse (Testimony, 2/4/93, GAO/T-HRD-93-3). Report on same topic (5/7/92, GAO/HRD-92-69). Testimony on same topic (5/7/92, GAO/T-HRD-92-29).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Removal of Breast Implants (Letter, 12/7/92, GAO/HRD-93-5R).

Health Care Reform Related Issues

Health Care Reform: "Report Cards" Are Useful but Significant Issues Need to Be Addressed (Report, 9/29/94, GAO/HEHS-94-219).

Health Care Reform: Considerations for Risk Adjustment Under Community Rating (Report, 9/22/94, GAO/HEHS-94-173).

Small Business: SBA's Health Care Reform Activities (Report, 9/6/94, GAO/RCED-94-240).

Early Retiree Health: Health Security Act Would Shift Billions in Costs to Federal Government (Report, 7/21/94, GAO/HEHS-94-203FS).

Health Security Act: Analysis of Veterans' Health Care Provisions (Report, 7/15/94, GAO/HEHS-94-205FS).

Health Care Reform: Potential Difficulties in Determining Eligibility for Low-Income People (Report, 7/11/94, GAO/HEHS-94-176).

Veterans' Health Care: Efforts to Make VA Competitive May Create Significant Risks (Testimony, 6/29/94, GAO/T-HEHS-94-197).

Health Reform: Purchasing Cooperatives Have an Increasing Role in Providing Access to Insurance (Testimony, 6/30/94, GAO/T-HEHS-94-196).
Report on same topic (5/31/94, GAO/HEHS-94-142).

Federal Administrative Costs Under Health Security Act (Letter, 6/15/94, GAO/HEHS-94-187R).

Health Care Reform: Proposals Have Potential to Reduce Administrative Costs (Report, 5/31/94, GAO/HEHS-94-158).

Health Care Reform: School-Based Health Centers Can Promote Access to Care (Report, 5/13/94, GAO/HEHS-94-166).

VA and the Health Security Act (Letter, 5/9/94, GAO/HEHS-94-159R).

VA Health Care Reform: Financial Implications of the Proposed Health Security Act (Testimony, 5/5/94, GAO/T-HEHS-94-148).

Health Care Alliances: Issues Relating to Geographic Boundaries (Report, 4/8/94, GAO/HEHS-94-139). Testimony on same topic (2/24/94, GAO/T-HEHS-94-108).

Health Care Reform: How Proposals Address Fraud and Abuse (Testimony, 3/17/94, GAO/T-HEHS-94-124).

Health Care in Hawaii: Implications for National Reform (Testimony, 3/16/94, GAO/T-HEHS-94-123). Report on same topic (2/11/94, GAO/HEHS-94-68).

Health Care Reform: Supplemental and Long-Term Care Insurance (Testimony, 11/9/93, GAO/T-HRD-94-58).

Health Insurance: How Health Care Reform May Affect State Regulation (Testimony, 11/5/93, GAO/T-HRD-94-55).

Veterans' Health Care: Potential Effects of Health Financing Reforms on Demand for VA Services (Testimony, 3/31/93, GAO/T-HRD-93-12).

Veterans' Health Care: Potential Effects of Health Reforms on VA Construction (Testimony, 3/3/93, GAO/T-HRD-93-7).

Transition Series: Health Care Reform (Report, 12/92, GAO/OCG-93-8TR).

HHS Public Health Service Agencies

Food and Drug Administration: Carrageenan Food Additive From the Philippines Conforms to Regulations (Report, 8/2/94, GAO/HEHS-94-141).

FDA User Fees: Current Measures Not Sufficient for Evaluating Effect on Public Health (Report, 7/22/94, GAO/PEMD-94-26).

FDA Regulation: Compliance by Dietary Supplement and Conventional Food Establishments (Report, 6/13/94, GAO/HEHS-94-134).

FDA Drug Enforcement Actions (Letter, 5/6/94, GAO/HEHS-94-136R).

Safe Medical Devices (Letter, 2/10/94, GAO/HEHS-94-86R).

FDA Safety Devices (Letter, 2/2/94, GAO/HEHS-94-90R).

CDC Activities Are Appropriate and Non-Duplicative (Letter, 8/30/93, GAO/HRD-93-32R).

FDA Regulation of Dietary Supplements (Letter, 7/2/93, GAO/HRD-93-28R).

Hospital Sterilants: Insufficient FDA Regulation May Pose a Public Health Risk (Report, 6/14/93, GAO/HRD-93-79).

Alleged Lobbying Activities: Office for Substance Abuse Prevention (Report, 5/4/93, GAO/HRD-93-100).

FDA Premarket Approval: Process of Approving Lodine as a Drug (Report, 4/12/93, GAO/HRD-93-81).

Public Health Service: Evaluation Set-Aside Has Not Realized Its Potential to Inform the Congress (Report, 4/8/93, GAO/PEMD-93-13).

Long-Term Care

Long-Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages (Report, 11/7/94, GAO/HEHS-95-26).

Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly (Report, 9/6/94, GAO/HEHS-94-227).

Long-Term Care: Other Countries Tighten Budgets While Seeking Better Access (Report, 8/30/94, GAO/HEHS-94-154).

Survey of Long-Term Care for the Elderly (Letter, 7/21/94, GAO/HEHS-94-214R).

Long-Term Care Reform: Program Eligibility, States' Service Capacity, and Federal Role in Reform Need More Consideration (Testimony, 4/14/94, GAO/T-HEHS-94-144).

Long-Term Care: The Need for Geriatric Assessment in Publicly Funded Home and Community-Based Programs (Testimony, 4/14/94, GAO/T-PEMD-94-20).

Long-Term Care: Demography, Dollars, and Dissatisfaction Drive Reform (Testimony, 4/12/94, GAO/T-HEHS-94-140).

Long-Term Care: Status of Quality Assurance and Measurement in Home and Community Based Services (Report, 3/31/94, GAO/PEMD-94-19).

Long-Term Care: Support for Elder Care Could Benefit the Government Workplace and the Elderly (Report, 3/4/94, GAO/HEHS-94-64).

Long-Term Care: Private Sector Elder Care Could Yield Multiple Benefits (Report, 1/31/94, GAO/HEHS-94-60).

Health Care Reform: Supplemental and Long-Term Care Insurance (Testimony, 11/9/93, GAO/T-HRD-94-58).

Long-Term Care Insurance: High Percentage of Policyholders Drop Policies (Report, 8/25/93, GAO/HRD-93-129).

VA Health Care: Potential for Offsetting Long-Term Care Costs Through Estate Recovery (Report, 7/27/93, GAO/HRD-93-68).

Long-Term Care Forum (Discussion Paper, 7/13-14/93, GAO/HRD-93-1-SP).

Long-Term Care Insurance: Tax Preferences Reduce Costs More for Those in Higher Tax Brackets (Report, 6/22/93, GAO/GGD-93-110).

Massachusetts Long-Term Care (Letter, 5/17/93, GAO/HRD-93-22R).

Long-Term Care Case Management: State Experiences and Implications for Federal Policy (Report, 4/6/93, GAO/HRD-93-52).

Malpractice

Medical Malpractice Insurance Options (Letter, 2/28/94, GAO/HEHS-94-105R).

Medical Malpractice: Maine's Use of Practice Guidelines to Reduce Costs (Report, 10/25/93, GAO/HRD-94-8).

Medical Malpractice: Estimated Savings and Costs of Federal Insurance at Health Centers (Report, 9/24/93, GAO/HRD-93-130).

Medical Malpractice: Medicare/Medicaid Beneficiaries Account for a Relatively Small Percentage of Malpractice Losses (Report, 8/11/93, GAO/HRD-93-126).

Medical Malpractice: Experience With Efforts to Address Problems (Testimony, 5/20/93, GAO/T-HRD-93-24).

Health Information Systems: National Practitioner Data Bank Continues to Experience Problems (Report, 1/29/93, GAO/IMTEC-93-1).

Managed Care

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Testimony, 2/2/94, GAO/T-HEHS-94-91). Report on same topic (10/19/93, GAO/HRD-94-3).

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Report, 10/19/93, GAO/HRD-94-3).

Medicaid Managed Care: Healthy Moms, Healthy Kids—A New Program for Chicago (Report, 9/7/93, GAO/HRD-93-121).

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, 5/10/93, GAO/T-HRD-93-21).

Medicaid: HealthPASS—An Evaluation of a Managed Care Program for Certain Philadelphia Recipients (Report, 5/7/93, GAO/HRD-93-67).

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, 3/17/93, GAO/HRD-93-46). Testimony on same topic (3/17/93, GAO/T-HRD-93-10).

Medicare and Medicaid

Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans (Report, 10/24/94, GAO/HEHS-95-13).

Medicare: Referrals to Physician-Owned Imaging Facilities Warrant HCFA's Scrutiny (Report, 10/20/94, GAO/HEHS-95-2).

Medicare: Changes to HMO Rate Setting Method Are Needed to Reduce Program Costs (Report, 9/2/94, GAO/HEHS-94-119).

Medicaid: Changes in Best Price for Outpatient Drugs Purchased by HMOs and Hospitals (Report, 8/5/94, GAO/HEHS-94-194FS).

Medicaid Long-Term Care: Successful State Efforts to Expand Home Services While Limiting Costs (Report, 8/11/94, GAO/HEHS-94-167).

Medicare: HCFA's Contracting Authority for Processing Medicare Claims (Report, 8/2/94, GAO/HEHS-94-171).

Medicaid: States Use Illusory Approaches to Shift Program Costs to Federal Government (Report, 8/1/94, GAO/HEHS-94-133).

Medicare: Technology Assessment and Medical Coverage Decisions (Report, 7/20/94, GAO/HEHS-94-195FS).

Medicare Transportation Benefits (Letter, 7/8/94, GAO/HEHS-94-184R).

Medicare: Shared System Conversion Led to Disruptions in Processing Maryland Claims (Report, 5/23/94, GAO/HEHS-94-66).

Medicaid Prenatal Care: States Improve Access and Enhance Services, but Face New Challenges (Report, 5/10/94, GAO/HEHS-94-152BR).

Medicare/Medicaid: Data Bank Unlikely to Increase Collections From Other Insurers (Report, 5/6/94, GAO/HEHS-94-147). Testimony on same topic (5/6/94, GAO/T-HEHS-94-162).

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**Health
(Comprehensive
2-Year Listing)**

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**Health
(Comprehensive
2-Year Listing)**

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**Education
(Comprehensive
2-Year Listing)**

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Decisions (Report, 7/16/93, GAO/HRD-93-106).

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